

MARICOPA INTEGRATED HEALTH SYSTEM
Information Systems
Identification Code Confidentiality Form

I, the undersigned, acknowledge the receipt of my Health Information Access Code (this will be given to me during my computer training). I understand that this code will allow me to perform a job or function and has been made available to me for this purpose. This does not adversely affect the confidentiality nature of the information to which I will have access. I have learned to interact with the appropriate systems for performance of my job function. I understand and agree:

1. My Identification Code is equivalent to my signature.
2. I will not disclose this code to anyone, including my coworkers, supervisor or persons outside of the Health System.
3. I will not attempt to learn or use another employee's/student's Identification Code.
4. I will not attempt to access any of the computer systems by using another employee's/student's Identification Code.
5. I will not attempt to access any information that is not directly required to fulfill by job duties and responsibilities as a rotating medical student.
6. If I have reason to believe that the confidentiality of my Identification Code has been broken, I will notify my supervisor immediately so the password can be changed.
7. If I become aware of confidential or unauthorized information through unauthorized channels or from another employee, this does not adversely affect the confidential nature of the information; I will not further disclose this information to anyone else and will notify my supervisor about the breach immediately.

I understand and agree that in the performance of my duties as a rotating resident / medical student / physician assistant student / observer at Maricopa Integrated Health System, that I will not reveal, discuss, or release confidential patient information received from the above mentioned computer system(s) unless authorized to do so. Failure to comply with this agreement will result in disciplinary action up to and including termination of employment and/or revocation of privileges at MIHS.

Academic Affairs

Department

Name (Please print)

Personal Identification Code (You select this code and will be asked for this code if you call the Helpdesk requesting any assistance. This code can be anything you like and it will not be used as your password.)

(please indicate your status)

Rotating Resident

Medical Student

Physician Asst. Student

Observer

Signature

Date

Signature of Supervisor

Date

Manager Printed Name

Date